

#L14000081254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

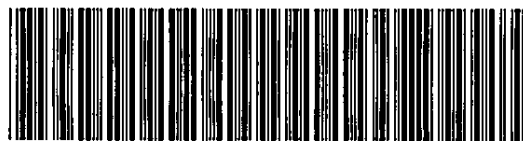
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100263681661

09/02/14--01050--017 **25.00

FILED

2014 SEP -2 PM 4:27

CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

SEP -9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Dietitian LL C

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valari J Fauntleroy

(Name of Person)

Central Florida Dietitian LLC

(Firm/Company)

3330 Calle Po AePi Apt. 11-211

(Address)

Santa Fe, New Mexico 87507

(City/State and Zip Code)

For further information concerning this matter, please call:

Valari J Fauntleroy

(Name of Person)

at (863) 263-4264

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
2014 SEP -2 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Central Florida Dietitian LLC

2. The Articles of Organization were filed on 5/19/2014 and assigned

document number L14000081254

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Relocated to another state, New Mexico July 25, 2014

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Valari J Fauntleroy

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Valari J Fauntleroy

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Central Florida Dietitian LLC

Document number of Limited Liability Company is: L14000081254

Date of dissolution was: _____

Description of information that must be included in a written claim:

FILED
2014 SEP -2 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3330 Calle Po AePi

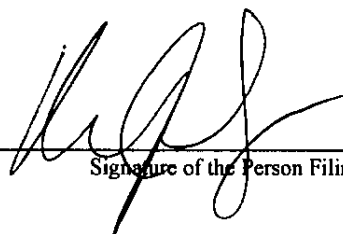
Apt. 11-211

Santa Fe, New Mexico 87507

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Valari J Fauntleroy

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00